DAILY MEDICATION FORM

This form must be completed before prescription or non-prescription medication can be given to your child. Non-prescription medication, except for acetaminophen (Tylenol) and topical medications may only be administered for three consecutive days unless a licensed health practitioner approves the administration of the medication and the dosage. Prescription medication must be in the container labeled by the pharmacy administered according to the health practitioners written instructions or the instructions on the medications label.

Please be sure that **ALL** medication is given directly to an Administrator and under NO CIRCUMSTANCES should medication be placed in a child's back bag or within reach or any child.

ALL FORMS MUST BE INITIALED DAILY AND A NEW FORM MUST BE FILLED OUT AT THE BEGINNING OF EACH WEEK.

CHILDS NAME: _____

TODAYS DATE: _____

NAME OF MEDICATION: _____

MEDICAL PROBLEM BEING TREATED: _____

EXACT TIME OF LAST DOSAGE GIVEN: _____

EXACT TIME MEDICATION IS TO BE ADMINISTERED: _____AM or PM
Please do not write 3 times/day, exact hour only.

SIDE EFFECTS OF MEDICATION: _____

AMOUNT OF DOSAGE: _____

DATE PRESCRIPTION WAS ISSUED: _____

I, _____ do authorize The Burke Foundation Early Childhood Center at YWCA Princeton to administer medication under the terms stated above. To the best of my knowledge, the medication within the container is identical to the description on the label and was prepared by a licensed pharmacist. I authorize the school to contact my child's physician if there is a doubt. If there is a doubt as to whether it is absolutely necessary to take this during his/her school hours.

_____ _____

Parent's Signature *Date*

FOR OFFICE USE ONLY

The following is to be completed each time a medication/supplement is administered to this child.

DATE	TIME	MEDICATION	DOSAGE	STAFF SIGNATURE	STAFF INITIALS